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CONFIRMATION NO. 5436

<b>SERIAL NUMBER</b> 10/675,288	<b>FILING OR 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> William Joseph Jacob, Kansas City, MO;				
** CONTINUING DATA ***** NONE ASL 2/9/07				
** FOREIGN APPLICATIONS ***** NONE ASL 2/9/07				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/23/2003 ** SMALL ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Amadur 4/29</i> Initials <i>ASL</i>	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 16 <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> William Joseph Jacob 10904 Indiana Avenue Kansas City, MO 64137				
<b>TITLE</b> Periphery view goggle and remote breathing assembly				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	